

1 10A NCAC 13G .1301 is readopted with changes as published in 37:18 NCR 1874-1882 as follows:

2
3 **SECTION .1300 - USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES**

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5 **10A NCAC 13G .1301 USE OF PHYSICAL RESTRAINTS AND ALTERNATIVES**

6 (a) A family care home shall assure that a physical restraint, any physical or mechanical device attached to or adjacent
7 to the resident's body that the resident cannot remove easily and ~~which that~~ restricts freedom of movement or normal
8 access to one's body, shall be:

- 9 (1) used only in those circumstances in which the resident has medical symptoms for which the
10 resident's physician or physician extender has determined ~~that~~ warrant the use of restraints and not
11 for ~~discipline~~ [~~discipline, behavioral crisis intervention,~~] discipline or convenience purposes;
12 (2) used only with a written order from a physician or physician extender except in emergencies where
13 the health or safety of the resident is threatened, according to Paragraph ~~(e)~~ (d) of this Rule;
14 (3) the least restrictive restraint that would ~~provide safety;~~ provide a safe environment for the resident
15 and prevent harm; physical injury;
16 (4) used only after alternatives that would provide ~~safety to prevent harm to a safe environment for~~ the
17 resident to prevent physical injury and prevent a potential decline in the resident's functioning have
18 been tried and documented by the administrator or their designee in the resident's ~~record.~~ record as
19 being unsuccessful.
20 (5) used only after an assessment and care planning process has been completed, except in ~~emergencies,~~
21 emergencies where the health or safety of the resident is threatened, according to Paragraph ~~(d)~~ (c)
22 of this Rule;
23 (6) applied correctly according to the manufacturer's instructions and the physician's or physician
24 extenders' order; and
25 (7) used in conjunction with alternatives in an effort to reduce restraint use. For the purpose of this Rule,
26 "physician extender" means a licensed physician assistant or licensed nurse practitioner.

27 Note: Bed rails are restraints when used to keep a resident from voluntarily getting out of bed as opposed to enhancing
28 mobility of the resident while in bed. Examples of restraint alternatives are: providing restorative care to enhance
29 abilities to stand safely and walk, providing a device that monitors attempts to rise from chair or bed, placing the bed
30 lower to the floor, providing frequent staff monitoring with periodic assistance in toileting and ambulation and offering
31 fluids, providing activities, controlling pain, providing an environment with minimal noise and confusion, and
32 providing supportive devices such as wedge cushions.

33 (b) The facility shall ~~ask~~ obtain written consent from the ~~resident or resident, the~~ resident's responsible person, or
34 legal representative ~~if the resident may~~ for the resident to be restrained based on an order from the resident's ~~physician.~~
35 physician or physician extender. The facility shall inform the ~~resident, resident, the resident's responsible person~~ or
36 legal representative of the reason for the ~~request and request,~~ the benefits of restraint use use, and the negative
37 outcomes and alternatives to restraint use. The resident or the resident's legal representative may accept or refuse

1 restraints based on the information provided. Documentation shall consist of a statement signed by the resident or the
 2 resident's legal representative indicating the signer has been informed, the signer's acceptance or refusal of restraint
 3 use and, if accepted, the type of restraint to be used and the medical indicators for restraint use.

4 Note: Potential negative outcomes of restraint use include incontinence, decreased range of motion, decreased ability
 5 to ambulate, increased risk of pressure ulcers, symptoms of withdrawal or ~~depression~~ depression, and reduced social
 6 contact.

7 (c) In addition to the requirements in Rule ~~43F~~ .0801, .0802 and .0903 of this Subchapter regarding assessments and
 8 care planning, the resident assessment and care planning prior to application of restraints as required in Subparagraph
 9 (a)(5) of this Rule shall meet the following requirements:

10 (1) The assessment and care planning shall be implemented through a team process with the team
 11 consisting of at least a staff supervisor or personal care aide, a registered nurse, the resident and the
 12 resident's responsible person or legal representative. If the resident or resident's responsible person
 13 or legal representative is unable to participate, there shall be documentation in the resident's record
 14 that they were notified and declined the invitation or were unable to attend.

15 (2) The assessment shall include consideration of the following:

- 16 (A) medical symptoms that warrant the use of a restraint;
- 17 (B) how the medical symptoms affect the resident;
- 18 (C) when the medical symptoms were first observed;
- 19 (D) how often the symptoms occur;
- 20 (E) alternatives that have been provided and the resident's response; and
- 21 (F) the least restrictive type of physical restraint that would provide safety.

22 (3) The care plan shall include the following:

- 23 (A) alternatives and how the alternatives will be used prior to restraint use and in an effort to
 24 reduce restraint time once the resident is restrained;
- 25 (B) the type of restraint to be used; and
- 26 (C) care to be provided to the resident during the time the resident is restrained.

27 ~~(4) The resident assessment and care plan for the use of a restraint shall be provided to the physician or
 28 physician extender for evaluation prior to the physician or physician extender writing an order for a
 29 restraint.~~

30 ~~(5) The resident assessment and care plan for the use of a restraint shall be signed by the physician or
 31 physician extender within 15 days of the date of the assessment.~~

32 (d) The following applies to the restraint order as required in Subparagraph (a)(2) of this Rule:

33 (1) The order shall indicate:

- 34 (A) the medical need for the ~~restraint~~; restraint based on the assessment and care plan;
- 35 (B) the type of restraint to be used;
- 36 (C) the period of time the restraint is to be used; and

- 1 (D) the time intervals the restraint is to be checked and released, but no longer than every 30
 2 minutes for checks and **no longer than** two hours for releases.
- 3 (2) If the order is obtained from a physician other than the resident's physician, the facility shall notify
 4 the resident's physician **or physician extender** of the order within seven days.
- 5 (3) The restraint order shall be updated by the resident's physician **or physician extender** at least every
 6 three months following the initial order.
- 7 (4) If the resident's physician changes, the physician **or physician extender** who is to attend the resident
 8 shall update and sign the existing order.
- 9 (5) In ~~an emergency situations, situations an emergency, where the health or safety of the resident is~~
 10 **threatened**, the administrator or ~~administrator in charge~~ **their designee** shall make the determination
 11 relative to the need for a restraint and its type and duration of use until a physician **or physician**
 12 **extender** is contacted. Contact with a physician **or physician extender** shall be made within 24 hours
 13 and documented in the resident's record. **For the purpose of this Rule, an "emergency" ["emergency**
 14 **situation"] means [when a resident is in imminent danger and there is fear for their safety and well-**
 15 **being-] a situation where there is a certain risk of physical injury or death to a resident.**
- 16 (6) The restraint order shall be kept in the resident's record.
- 17 (e) All instances of the use of physical restraints and alternatives shall be documented by the facility in the resident's
 18 record and include the following:
- 19 (1) restraint alternatives that were provided and the resident's response;
- 20 (2) type of restraint that was used;
- 21 (3) medical symptoms warranting restraint use;
- 22 (4) the time the restraint was applied and the duration of restraint use;
- 23 (5) care that was provided to the resident during restraint use; and
- 24 (6) behavior of the resident during restraint use.
- 25 (f) Physical restraints shall be applied only by staff who have received training **on the use of alternatives to physical**
 26 **restraint use and on the care of residents who are physically restrained** according to Rule .0506 of this Subchapter and
 27 **have** been validated on ~~restraint use, the care of residents who are physically restrained and the use of care practices~~
 28 **as alternatives to restraints** according to Rule .0504 of this Subchapter.

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30 *History Note: Authority G.S. 131D-2.16; 143B-165;*
 31 *Temporary Adoption Eff. July 1, 2004;*
 32 *Temporary Adoption Expired March 12, 2005;*
 33 *Eff. June 1, 2005- 2005;*
 34 *Readopted Eff. [October 1, 2023,] April 1, 2024.*

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